## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

| Effective December 8, 2004   |  |   |  |                                       |                              |                                 |              | 100577404          |   |    |                            |                        |  |
|--|--|---|--|---------------------------------------|------------------------------|---------------------------------|--------------|--------------------|---|----|----------------------------|------------------------|--|
|  |  | CLAIMS A  |  | FILED - PART I  (Column 1) (Column 1) |                              |                                 |              | SMALL ENTITY TYPE  |   |    | OTHER THAN OR SMALL ENTITY |                        |  |
| u.s  | NATIONAL S   | STAGE FEES  |  |                                       |                              |                                 | 1 [          | RATE               | FEE                                     |    | RATE                       | FEE                    |  |
| BAS  | IC FEE   |   |  |                                       |                              |                                 |              | BASIC FEE          |   | OR | BASIC FEE                  | 3 œ                    |  |
| EXAMINATION FEE  |  |   |  |                                       |                              |                                 |              | EXAM. FÉE          |   |    | EXAM. FEE                  | 200                    |  |
| SEARCH FEE   |  |   |  |                                       |                              |                                 |              | SEARCH FEE         |   |    | SEARCH FEE                 | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =                            |                                       |                              | / 50 =                          | 1 [          | X \$ 125 =         |   |    | X \$ 250 =                 |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 17 minus 20 =                          |                                       | *                            |                                 | 1            | X \$ 25 =          |   | OŘ | X \$ 50 =                  |                        |  |
| INDEPENDENT CLAIMS   |  |   | 2 minus 3 =                            |                                       | *                            |                                 | 1            | X \$ 100 =         |   | OR | X \$ 200 =                 |                        |  |
| MUL  | TIPLE DEPEN  | DENT CLAIM PR   | ESENT                                  |                                       | •                            |                                 | 1            | + \$ 180 =         |   | OR | + \$ 360 =                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                       |                              |                                 | 4 1.         | TOTAL              |   | OR | TOTAL                      | 900                    |  |
| :  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |  |                                       |                              |                                 |              | SMALL E            | NTITY                                   | OR | OTHER SMALL E              |                        |  |
| AMENDMENT A  | , A  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | PREVI                                 | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                |              | RATE               | ADDI-<br>TIONAL<br>FEE                  |    | RATE                       | ADDI-<br>TIONAI<br>FEE |  |
|  | Total  | *   | Minus                                  | **                                    |                              | =                               | $] \ \lceil$ | X \$ 25 =          |   | OR | X \$ 50 =                  |                        |  |
|  | Independent  | *   | Minus                                  | ***                                   |                              | =                               |              | X \$ 100 =         |   | OR | X \$ 200 =                 |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |  |                                       |                              |                                 | 1 [          | + \$ 180 =         |   | OR | + \$ 360 =                 |                        |  |
|  |  |   |  |                                       |                              | ,                               |              | FFF                |   | OR | TOTAL ADDIT.               |                        |  |
|  |  | (Column 1)  |  | (Colu                                 |                              | (Column 3)                      | _            |                    |   |    |                            |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGH<br>NUM<br>PREVI<br>PAID          | BER<br>OUSLY                 | PRESENT<br>EXTRA                |              | RATE               | · ADDI-<br>TIONAL<br>FEE                |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                  | **                                    |                              | =                               | lΓ           | X \$ 25 =          |   | OR | X \$ 50 =                  |                        |  |
|  | Independent  | *   | Minus                                  | ***                                   |                              | =                               |              | X \$ 100 =         |   | OR | X \$ 200 =                 |                        |  |
|  | FIRST PRES   | SENTATION OF M  | IULTIPLE DEP                           | ENDENT                                | CLAIM                        |                                 |              | + \$ 180 =         | *************************************** | OR | + \$ 360 =                 |                        |  |
|  |  |   |  | -                                     |                              | <u> </u>                        |              | OTAL ADDIT.<br>FFF |   | OR | TOTAL ADDIT.<br>FFF        |                        |  |
|  |  |   |  |                                       |                              |                                 |              |                    |   |    |                            |                        |  |
| **   | If the "Highest No   | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pa<br>mber Previously Paid | id For" IN THIS S<br>Id For" IN THIS S | PACE is les                           | s than '20<br>s than '3'     | 0', enter "20".<br>, enter "3". | d in the     | annondate her      | de column                               |    |                            |                        |  |